

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05059 215

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write OR give nearest town) <u>Hyattsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hyattsville</u>	
TOWN <u>Hyattsville</u>		TOWN <u>Hyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>15006 - 42nd Ave</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Mary</u> (Middle) <u>Elizabeth</u> (Last) <u>Alfred</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>17</u> (Year) <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>Mar. 15, 1857</u>
9. AGE last birthday <u>94</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ira C. Calvin</u>		14. MOTHER'S MAIDEN NAME <u>Minerva Pangborn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>no</u>	
17. INFORMANT AND ADDRESS <u>Mrs E. E. Calvin - Hyattsville, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Solus Pneumonia (Terminal)</u>			<u>3 days</u>
Antecedent cause(s) (b) <u>arteriosclerosis</u>			<u>about 10 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>cardio-vascular renal disease</u>			<u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1951, to May 17, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Louis M. Jimal M.D. ADDRESS Cottage City, Md. DATE SIGNED May 17, 1951

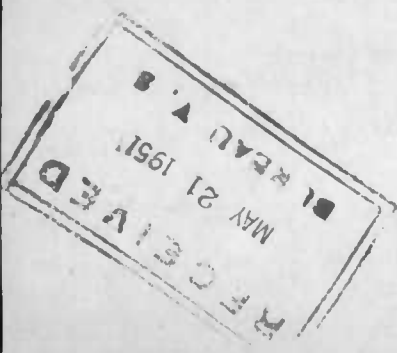
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>May 19, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>	LOCATION (City, town, or county) <u>Indianapolis, Indiana</u>	(State)
DATE REC'D BY LOCAL REG. <u>May 17, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jas. Severe</u>	24. FUNERAL DIRECTOR <u>A. G. Hahn</u>	ADDRESS <u>Hyattsville, Md.</u>	

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Time 5am



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05060

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Beltersville Md</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Beltersville Md</u>	
TOWN <u>Beltersville Md</u>		TOWN <u>Beltersville Md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS <u>Edmonston Road</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>HARRY M</u> (First) <u>ANDERSON</u> (Last)		4. DATE OF DEATH <u>May 9, 1951</u> (Month) (Day) (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 29 1878</u> (Month) (Day) (Year)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mailing employee</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Jerome Anderson</u>		14. MOTHER'S MAIDEN NAME <u>Frances Boggs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>Charles Anderson, Beltersville Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) <u>Hypertension 17 years duration</u>	Interval <u>2 months</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Carcinoma Cervix & Bladder</u>	<u>1 1/2 yrs</u>
	(c) <u>Hypertension</u>	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>3/9/50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Cervix</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED <u>While at Work</u> <input type="checkbox"/> <u>Not While at Work</u> <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1950, to 3/9, 1950, that I last saw the deceased alive on 3/9, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE John D. Smith (Degree or title) ADDRESS 314 Cape an Laurel Rd DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 11, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	LOCATION (City, town, or county) <u>Bladensburg Md</u> (State)
DATE REC'D BY LOCAL REG <u>5/11/51</u>	REGISTRAR'S SIGNATURE <u>Amanda Downey</u>	24. FUNERAL DIRECTOR <u>F. Esche & Sons</u>	ADDRESS <u>Hyattsville Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05061

Reg. Dist. No. **243**

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and give nearest town) Witchellville, Md		CITY (If outside corporate limits, write RURAL and give nearest town) Witchellville	
TOWN Witchellville, Md		TOWN Witchellville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arnold's Farm		STREET ADDRESS (If rural give location) Arnold's Farm	
3. NAME OF DECEASED (Type or Print) Harry C Arnold		4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1957	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-25-1888 63 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Owner	9. AGE last birthday 63 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A	
13. FATHER'S NAME Calvin Arnold		14. MOTHER'S MAIDEN NAME Alta Singer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Robert Arnold, Woodmore Rd			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute congestive heart failure		
Antecedent cause(s) (b) Cardiovascular renal		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE John J. Maloney, M.D., Dep. Med. Exam.		DATE SIGNED 5-16-57	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		NAME OF CEMETERY OR CREMATORY Holy Trinity Collington Md.	
DATE REC'D BY LOCAL REG. 5/18/57		24. FUNERAL DIRECTOR B. Gasch's Sons Hyattsville Md.	
REGISTERAR'S SIGNATURE Amanda Deery		ADDRESS 100105	
DATE 6/26/57		ADDRESS Agnes M. Gierling	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05062

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY <u>D.C.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Laurel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u>	
TOWN <u>Laurel</u>		TOWN <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Laurel Sanatorium</u>		STREET ADDRESS <u>105 East Quincy St. Chevy Chase 15</u>	
3. NAME OF DECEASED (Type or Print) <u>FLORENCE</u> (First) <u>BOWLING</u> (Last)		4. DATE OF DEATH <u>MAY</u> (Month) <u>5</u> (Day) <u>1951</u> (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-23-1875</u>
9. AGE last birthday <u>76</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not any</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Robert R. Bowling</u>		14. MOTHER'S MAIDEN NAME <u>Frances Patterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Unknown</u>		16. SOCIAL SECURITY No. <u>- NO</u>	
17. INFORMANT AND ADDRESS <u>John P. Bowling</u>		<u>105 East Quincy St. Chevy Chase 15, Md.</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Cerebral Hemorrhage</u>	<u>2 days</u>	
Antecedent cause(s) (b) <u>General Arteriosclerosis</u>	<u>Several years</u>	
(c) <u>Diabetes</u>	<u>" "</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	INJURY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-, 1950, to 5-5-, 1951, that I last saw the deceased alive on 5-5-, 1951, and that death occurred at 10:30 P. a.m., from the causes and on the date stated above.

SIGNATURE James P. Sands, M.D. (Degree or title) Laurel Sanatorium, Laurel, Md. ADDRESS 5-5-1951 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>5-5-51</u>	<u>Woodlawn</u>	<u>Baltimore</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>5/7/51</u>	<u>Dr. W. Hedrick</u>	<u>Shepherd-Morris Co.</u>	<u>Balto.</u>

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>P. G.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cottage City</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location) <u>4303 Bunker Hill Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sarah</u> (Middle) <u>MARY ANN</u> (Last) <u>Brookman</u>	4. DATE OF DEATH	(Month) <u>May</u> (Day) <u>13</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 27, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	9. AGE last birthday <u>83</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Scotland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>ARNOLD HENDERSON</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>JOHN BROOKMAN - PASSIE CITY, N.J.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Intestinal obstruction

INTERVAL BETWEEN ONSET AND DEATH

24 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Abdominal herniaabout 3 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

May 11, 1951Obstruction of lower sigmoid

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1951, to May 13, 1951 that I last saw the deceased alive on May 13, 1951, and that death occurred at 6:15 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMAINS (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/14/51Amanda DowneyW.W. Chambers Co - Riverdale, Md.MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1951
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05064

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>P. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Derby, Md.</u> LENGTH OF STAY (in this place) <u>8 hrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bladenburg, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George's Gen. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>4111 - 51st Street -</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Rebecca</u> (Middle) <u>M</u> (Last) <u>Brown</u>	4. DATE OF DEATH	(Month) <u>May</u> (Day) <u>2</u> (Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26, 1898</u>
		9. AGE last birthday <u>52</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In own home</u>	11. BIRTHPLACE (State or foreign country) <u>Packville, Md.</u>
13. FATHER'S NAME <u>?</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>—</u>	
		17. INFORMANT AND ADDRESS <u>4111-51st St. Robert Husband - Bladenburg</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Intracranial Hemorrhage, nt. temporal lobe, post. cerebellum

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive arteriosclerotic heart disease

(c) Generalized Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1951, to —, 19—, that I last saw the deceased

alive on 5/2, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Julius J. Kuffman, M.D. 5102 Annapolis Rd. Bladenburg, Md. 5/2/51

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG. 5/4/51

REGISTER'S SIGNATURE Amanda H. Downey

24. FUNERAL DIRECTOR

ADDRESS

Funeral Home Inc. 3200 R. I. ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 7 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05065

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cedar Heights</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cedar Heights</u>	
TOWN <u>Cedar Heights</u>		TOWN <u>Cedar Heights</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1011 62nd Place</u>		STREET ADDRESS (If rural give location) <u>1011 62nd Place</u>	
3. NAME OF DECEASED (Type or Print) <u>William Eugene Burley</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>13</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan 18, 1921</u>
9. AGE last birthday <u>15</u> yrs.		10. BIRTH PLACE (State or foreign country) <u>Sandover, Md.</u>	
11. BIRTH PLACE (State or foreign country) <u>Sandover, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Ernest Burley</u>		14. MOTHER'S MAIDEN NAME <u>Mary Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Augusta Hornsberry Dister</u>	
17. INFORMANT <u>Augusta Hornsberry Dister</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>Asphyxia</u>		
(b) Antecedent cause(s) <u>Convulsive seizure</u>		
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Epilepsy</u>		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>John D. Maloney, M.D.</u>		ADDRESS <u>Dep. Med. Exam. Chevy Chase, Md.</u>		DATE SIGNED <u>5-14-57</u>
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF <u>14 May 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Washington Funeral Home</u>	LOCATION (City, town, or county) <u>467 N St. Washington, D.C.</u>	(State) <u>D.C.</u>
DATE REC'D BY LOCAL REG. <u>5-14-57</u>	REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>	24. FUNERAL DIRECTOR <u>Henry S. Washington & Son</u>	ADDRESS <u>Washington, D.C.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 17 1961
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Landover Hills</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location) <u>4403 71st Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>	(First) (Middle) (Last) <u>Bush</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 13 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 28 1870</u>
9. AGE last birthday <u>81</u> yrs.		10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph M. Strong</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Ludlow</u>	
15. SOCIAL SECURITY NO. <u>5-13-51</u>		17. INFORMANT AND ADDRESS <u>Naughton Mrs. Marion J. Curran</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

5-10-51

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3-2, 1946, to 5/13, 1951, that I last saw the deceased alive on 5/13, 1951, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

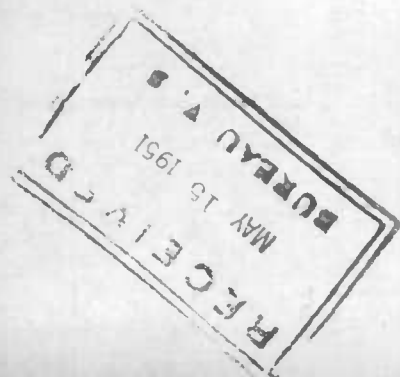
ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5/15/51</u>	<u>Farmington Cem.</u>	<u>Newark, Md.</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5-13-51</u>	<u>Amanda Dawney</u>	<u>J. M. Lee</u>	<u>3801 E. St. N.E.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05067

Reg. Dist. No. *245*

1. PLACE OF DEATH COUNTY <i>Prince Georges</i> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville</i> LENGTH OF STAY (in this place) <i>transit</i> TOWN <i>Hyattsville</i> HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Wash - Balt. Boulevard</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Pr. Georges</i> CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville</i> TOWN <i>Hyattsville</i> STREET ADDRESS (If rural give location) <i>R. 1 - Avenue</i>	
3. NAME OF DECEASED (Type or Print) <i>Norman</i> (First) <i>Byrd</i> (Middle) <i>Byrd</i> (Last)		4. DATE OF DEATH <i>5-12-51</i> (Month) <i>12</i> (Day) <i>1951</i> (Year)	
5. SEX <i>male</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>7/30/1910</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saloner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Saloner</i>	9. AGE last birthday <i>41</i> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <i>S. Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Byrd</i>		14. MOTHER'S MAIDEN NAME <i>Evelyn Pierson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Walden H</i>		16. SOCIAL SECURITY NO. <i>Sherran Byrd - 414 Pl. Hyattsville</i>	
17. INFORMANT <i>Sherran Byrd - 414 Pl. Hyattsville</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <i>Hemorrhage & shock</i>		
(b) Antecedent cause(s) <i>Compound comminuted fracture of right</i>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) <i>hemorrhage & laceration of vessels -</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, etc.) OF INJURY <i>Street</i>	(CITY OR TOWN) <i>Hyattsville</i> (COUNTY) <i>Pr. Geo.</i> (STATE) <i>Md.</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5-12-51 -</i> m.	INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>Struck by automobile while working as a street cleaner</i>

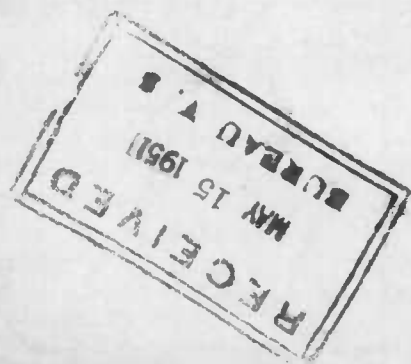
22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION OR REMOVAL (Specify) <i>Removal</i>		DATE THEREOF <i>5/12/51</i>	NAME OF CEMETERY OR CREMATORY <i>Garre Funeral Co</i>	LOCATION (City, town, or county) <i>Washington D.C.</i>	(State) <i>Md.</i>
DATE REC'D BY LOCAL REG <i>5/12/51</i>	REGISTRAR'S SIGNATURE <i>Amanda Downey</i>	24. FUNERAL DIRECTOR <i>E. Gaeche son & daughter</i>		ADDRESS <i>Hyattsville Md</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05068

Reg. Dist. No. 234

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Silver Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Clinton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>D.O.A. at Fire Dept.</u>		STREET ADDRESS (If rural, give location) <u>Clinton Woodyard Rd.</u>	
3. NAME OF DECEASED (First) <u>Harry</u> (Middle) <u>Rudolph</u> (Last) <u>Caldwell Jr.</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 27, 1946</u>
9. AGE last birthday <u>4</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Harry Rudolph Caldwell</u>		14. MOTHER'S MAIDEN NAME <u>Marie Avenell Mullin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Harry R. Caldwell, Clinton, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Hemorrhage and shock</u>		
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Crushed chest</u>		
(c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <u>Home</u>	(CITY OR TOWN) <u>Clinton</u> (COUNTY) <u>Pr. Geo.</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) INJURY <u>5</u> <u>19</u> <u>51</u> <u>5p.m.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Fell off fender of car and was run over</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE <u>James J. Boyd</u>	DATE SIGNED <u>5/9/51</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 12, 1951</u>
NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cemetery</u>	LOCATION (City, town, or county) (State) <u>Suitland, Pr. Geo. Md.</u>
24. FUNERAL DIRECTOR <u>Simmons Bros. 2007 Nichols Ave. SE, DC</u>	REG. REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Howard Beall</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05069

Reg. Dist. No. 232

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>P.g.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brandywine</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>David</u>	(Middle) <u>Dixon</u>	(Last) <u>Catterton</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 9, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Newborn</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Alfred N. Catterton</u>		14. MOTHER'S MAIDEN NAME <u>Lucille Dixon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Congenital tracheal structures

Antecedent cause(s)

(b)

Deleatosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased

alive on....., 19....., and that death occurred at.....^{9 25}.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

205091242406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

BUREAU V. S.
MAY 14 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05070

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Greenbelt</u>	
TOWN <u>Cheverly</u>		TOWN <u>Greenbelt</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George's Gen. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>13 Q Hillside Rd.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Baby</u>	(Middle)	(Last) <u>Cockrell</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>19</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>18 May 51</u>
9. AGE last birthday <u>2 1/2 hrs.</u>		10. AGE last birthday (If under 1 year, Months Days Hours Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Thomas Cockrell</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Prematurity, atelectasis, 2 complete expansion of the lungs.

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 hrs.

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 18, 1951, to May 19, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Cremation</u>	<u>May 20, 51</u>	<u>Prince Georges Gen Hosp</u>	<u>Cheverly</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR	ADDRESS	
<u>5/23/51</u>	<u>Amanda Downey</u>	<u>Harry W. Penn</u>	<u>Sept.</u>	

20518126522V

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05071

232

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Upper Marlboro</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Upper Marlboro</u>	
TOWN <u>Upper Marlboro Md</u>		TOWN <u>Upper Marlboro</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Upper Marlboro Md</u>		STREET ADDRESS (If rural, give location) <u>Rural - Upper Marlboro Md</u>	
3. NAME OF DECEASED (Type or Print) <u>Thomas Edward</u> (First) <u>Cole</u> (Middle) <u>Cole</u> (Last)		4. DATE OF DEATH <u>May 3</u> (Month) (Day) (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 9 1937</u>
9. AGE last birthday <u>14</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Upper Marlboro Md</u>	
11. BIRTHPLACE (State or foreign country) <u>Upper Marlboro Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>None</u>	
13. FATHER'S NAME <u>John Edward Cole</u>		14. MOTHER'S MAIDEN NAME <u>Jeanette Frances Schriener</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Jeanette Cole</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral Compression</u>			
Antecedent cause(s) (b) <u>Extracranial haemorrhage at base of brain</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Fracture Squamous Bone of Mandible</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Upper Marlboro School</u>	(CITY OR TOWN) <u>Upper Marlboro</u>	(COUNTY) <u>Pr. Geo.</u> (STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 2 1957 3:30 p.m.</u>	INJURY OCCURRED <u>While at work</u>	HOW DID INJURY OCCUR? <u>Struck by a horse ball</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input checked="" type="checkbox"/>			
SIGNATURE <u>Paul C. Van Gath</u>		DATE SIGNED <u>May 3 1957</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		NAME OF CEMETERY OR CREMATORY <u>St. Ann's</u>	
DATE REC'D BY LOCAL REG. <u>May 8 1957</u>		24. FUNERAL DIRECTOR <u>J.B. Johnson</u>	
REGISTER'S SIGN. <u>R. B. Smith</u>		ADDRESS <u>Annapolis</u>	

VS. A15A

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05072

215

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt. Rainier</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Mt. Rainier</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>3302 - Chauncy Place</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EDWARD</u>	(Middle) <u>J</u>	(Last) <u>CROUGH</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-17-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - U.S. Navy Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumber</u>	9. AGE last birthday <u>57</u> yrs. <u>16</u> months <u>16</u> days <u>19</u> hours <u>51</u> min.
11. BIRTHPLACE (State or foreign country) <u>N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Michael Crough</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Donnelly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>1238</u>	
17. INFORMANT <u>Margaret Tobin</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause	(a) <u>Generalized Respiratory failure</u>	INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Due to Adenocarcinoma of Right lung & pleura with primary site in branches of right lung</u>	<u>9/30/52</u>
(c) <u>in branches of right lung</u>		

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION <u>Oct. 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>metastatic ca of pleura (Right) primary location in branches of right lung</u>	20. AUTOPSY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30/52 to 5/16/53, that I last saw the deceased alive on 5/15/53, 19....., and that death occurred at 3302 Chauncy Place m., from the causes and on the date stated above.

SIGNATURE J. J. Sweeney MD (Degree or title) ADDRESS 1238 Monroe N.E. DC 17 DATE SIGNED May 19 1953

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF <u>May 19 1953</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Rainier Cemetery</u>	LOCATION (City, town, or county) <u>Wash. D.C.</u>	(State)
DATE REC'D BY LOCAL REG. <u>May 16, 1953</u>	REGISTRAR'S SIGNATURE <u>James Leray</u>	24. FUNERAL DIRECTOR <u>T.F. Costello</u>	ADDRESS <u>Wash. D.C.</u>	

574916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 18 1961
BUREAU A. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

05073

1. PLACE OF DEATH: COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Accokeek</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen. Hosp</u>		STREET ADDRESS (If rural, give location) <u>Rt 1 Box 156</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Baby</u>	(Middle) <u>Girl</u>	(Last) <u>Crump</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>12</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>—</u>	8. DATE OF BIRTH <u>11 May 51</u>
9. AGE last birthday <u>1 day</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>James R. Crump</u>		14. MOTHER'S MAIDEN NAME <u>Helen Jeffries</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Maternal hemorrhage

760.5 Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5/11, 1951, to 5/12, 1951, that I last saw the deceased alive on 5/12, 1951, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Cremation</u>	<u>5/14/51</u>	<u>Prince Georges Gen Hosp</u>	<u>Chesley</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/17/51</u>	<u>Amanda Downey</u>	<u>Harry W. Penn</u>	<u>5-12-51</u>	

20511374282

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 21 1951
U.S. DEPARTMENT OF THE ARMY
WASHINGTON, D.C.

RECEIVED
MAY 21 1951
U.S. DEPARTMENT OF THE ARMY
WASHINGTON, D.C.

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05074
Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY <u>Prince Georges'</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural (Mitchellville)</u> LENGTH OF STAY (in this place) <u>5 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural (Mitchellville)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Greene</u> (Middle) <u>Shorter</u> (Last) <u>Heale</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 22, 1917</u>
9. AGE last birthday <u>34</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Robert Shorter</u>		14. MOTHER'S MAIDEN NAME <u>Sahra Savoy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Sahra Shorter</u> <u>(Mother) Upper Marlboro, Md.</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pneumonic Tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bilateral Pulmonary TB

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 23 Apr, 1951, to 29 May, 1951, that I last saw the deceased alive on 23 Apr, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	DATE THEREOF <u>5/3/51</u>	NAME OF CEMETERY OR CREMATORY <u>Anatomy Board of Md.</u>	LOCATION (City, town, or county) <u>Baltimore</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG <u>May 3 1951</u>	REGISTRAR'S SIGNATURE <u>R. B. Smith</u>	24. FUNERAL DIRECTOR <u>Ritchie Bros.</u>	ADDRESS <u>Upper Marlboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED

MAY 4 1971

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05075

245

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Prince Geo.City or town..... Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 3 yrs

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Prince Geo.City or town..... Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)Street No. 4301- Gaywood Drive
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Alice Diller

3. (b) Social Security Number

262-14-3699

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

B. (b) Name of husband or wife.....

B. (c) If alive, give age..... 45 years7. Birth date of deceased (mo., day, yr.) Oct. 19, 1865

8. AGE: Years Months Days If less than one day

45 hrs. min.9. Birthplace..... Baltimore, Md.
(Town, county, and state)10. Usual occupation..... House Wife

11. Industry or business.....

12. Name..... Thomas L. Wilson13. Birthplace..... England14. Maiden name..... Eda Williams15. Birthplace..... Baltimore, Md.16. Informant..... Mrs. Mary BassAddress..... 4301- Gaywood Dr. Mt. Rainier

17. Date thereof.....

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Congregational CemeteryLocation..... Wash. D.C.18. Funeral director..... National Funeral HomeAddress..... 3200- R. I. Ave., Mt. Rainier19. May 28 19 51 Mrs. Joe Severe

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 25 19 51 at 10:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 23 19 50 to May 25 19 51and that I last saw him alive on May 25 19 51

Immediate cause of death.....

Carcinoma of Lung

Due to.....

163X

Due to.....

Other conditions..... Pernicious Anemia47d

(Include pregnancy within 3 months of death)

Major findings of operations..... BiopsyCarcinoma Date of op. 9-4-50

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... W. H. Norton3827-3491 M. D. or otherAddress..... Mt. Rainier and Date signed..... 5-25-51

2 MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05076

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>P. Ges.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Seat Pleasant, Maryland</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges Hosp</u>		STREET ADDRESS (If rural, give location) <u>524 - 68th Street -</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mack</u>	(Middle) <u>HARVEY</u>	(Last) <u>du Soney</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>29</u>	(Year) <u>1951</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1881</u>
9. AGE last birthday <u>70</u> yrs.		10. AGE last birthday If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter (Electrical)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt.</u>	
11. BIRTHPLACE (State or foreign country) <u>Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George du Soney</u>		14. MOTHER'S MAIDEN NAME <u>Ella Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>H. B. Lee 524-68th St Seat Pleasant</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Hypertensive cardio-vascular

(c)

renal disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/51, 1951, to 5/29, 1951, that I last saw the deceased

alive on 5/29, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

REG. 5-30-51

Amanda Soney

300 - 4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1961
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 05077

243

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seabrook LENGTH OF STAY (in this place) Transient		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carter Lane & Franklin St.		STREET ADDRESS (If usual give location) 254 9th St. N.E.	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Randall Elliott		4. DATE OF DEATH (Month) (Day) (Year) May 29 1951	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 10-18-22
9. AGE last birthday 28 yrs.		10. BIRTHPLACE (State or foreign country) Washington D.C.	
11. BIRTHPLACE (State or foreign country) Washington D.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME George Duwey Elliott		14. MOTHER'S MAIDEN NAME Della M. Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 577-22-1164	
17. INFORMANT Howard E. Knott - Bro. in Law			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

1. Immediate cause (a) Asphyxia	INTERVAL BETWEEN ONSET AND DEATH
2. Antecedent cause(s) (b) Carbon monoxide poisoning	
3. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Automobile Injury (Suicide - 6-26-51 - ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, office, etc.) OF INJURY Street	(CITY OR TOWN) (COUNTY) (STATE) Seabrook - Prince Georges, Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 5-29-50 A. m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Rose completely to up and and hit thru window in cab. Auto running

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE John J. Maloney, M.D., Dep. Med. Exam. Chvrly. Hyattsville Md		DATE SIGNED 5-29-51	
23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 5/29/1951	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 5/29	REGISTRAR'S SIGNATURE Amanda Rowley	24. FUNERAL DIRECTOR N. V. Chambers Co	ADDRESS 517-11th St. S.E.
6-1-51/1951 Agnes M. Youngling		564246	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1951

BUREAU 7. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05078

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY <u>PRINCE GEORGES</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>ROGERS Hts.</u> TOWN <u>ROGERS Hts.</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>5407 GALLATIN ST.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD.</u> COUNTY <u>PRINCE GEORGES</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>ROGERS HEIGHTS</u> TOWN <u>ROGERS HEIGHTS</u> STREET ADDRESS (If rural, give location) <u>5407 GALLATIN ST.</u>	
3. NAME OF DECEASED (Type or Print) <u>JUANITA</u> (First) <u>JEANNE</u> (Middle) <u>EMPMON</u> (Last)		4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 4/1896</u>
9. AGE last birthday <u>54</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMPTON OPERATOR</u>	
11. BIRTH PLACE (State or foreign country) <u>NAPOLEON, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>ROLLA IVEN CHAMPION</u>		14. MOTHER'S MAIDEN NAME <u>MINA JANE WHITE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>578-98-4543</u>	
17. INFORMANT AND ADDRESS <u>DENZEL L. EMPSON - 5407 GALLATIN ST</u>		18. MEDICAL CERTIFICATION <u>ROGERS Hts, MD</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>171X</u>	(a) <u>Carcinoma of Cervix Uteri (Known)</u>		<u>1 yr.</u>
Antecedent cause(s) <u>48a</u>	(b) <u>Metastases to the lungs (Known)</u> (Dx by nodule expectorated from lung & studied by pathologist)		<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(c)	
19a. DATE OF OPERATION <u>June 14, 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of Cervix - diagnosed carcinoma</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) <u>PLACE (Home, farm, factory, street, office bldg., etc.)</u> <u>INJURY</u>	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <u>June 12, 1950</u> , to <u>May 23, 1951</u> , that I last saw the deceased alive on <u>May 21, 1951</u> , and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Walter W. Gibson, M.D.</u>		ADDRESS <u>2412 Minnesota Avenue, S.E., Washington, D.C.</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	DATE <u>MAY 26/1951</u>	NAME OF CEMETERY OR CREMATORY <u>WASHINGTON NAT'L CEM.</u>	LOCATION (City, town, or county) <u>SUITE AND PR. GEO. CRY., MD.</u>
DATE REC'D BY LOCAL REG. <u>MAY 24/1951</u>	REGISTRAR'S SIGNATURE <u>Mr. J. A. Severe</u>	24. FUNERAL DIRECTOR <u>W. W. CHAMBERS CO. - RIVERDALE MD</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *245*

1. PLACE OF DEATH COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Prince Ge</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Green Meadows 10 yrs.</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Green Meadows</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>6502 - Agard Rd.</i>		STREET ADDRESS (If rural, give location) <i>6502 - Agard Rd.</i>	
3. NAME OF DECEASED (First) <i>Ida</i> (Middle) (Last) <i>Erlor</i>		4. DATE OF DEATH (Month) <i>5</i> (Day) <i>11</i> (Year) <i>51</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5/17/1895</i>
9. AGE last birthday <i>56</i> yrs.		10. If under 1 year: Months <i>5</i> Days <i>11</i> Hours <i>51</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Bernekin</i>		14. MOTHER'S MAIDEN NAME <i>Ida Berling</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <i>Richard Erlor 6502 Agard Rd. Md.</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <i>Cardiac Failure</i>		<i>12 hrs</i>
(b) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <i>175X Carcinomatosis</i>		<i>4 mo</i>
(c) <i>Carcinoma of rt. ovary</i>		<i>3 yrs.</i>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Menstruation</i>		
19a. DATE OF OPERATION <i>1948</i>	19b. MAJOR FINDINGS OF OPERATION <i>Ca. of rt ovary</i>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb.*, 19*49*, to *May 11*, 19*51*, that I last saw the deceased alive on *5/10/1951*, and that death occurred at *12:50 A.M.*, from the causes and on the date stated above.

SIGNATURE *Ed Hachenbach, M.D.* (Degree or title) ADDRESS *1007 - L St. NW 5/11/51* DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>5/14/51</i>	NAME OF CEMETERY OR CREMATORY <i>Fair Lincoln Cemetery</i>	LOCATION (City, town, or county) (State) <i>Calmar Manor Md.</i>
DATE REC'D BY LOCAL REG. <i>May 13 1951</i>	REGISTRAR'S SIGNATURE <i>Mrs. Jas. Severe</i>	24. FUNERAL DIRECTOR <i>Fuller's Funeral Home Inc.</i>	ADDRESS <i>\$200 - R. I. Ave. Mt. Rainier, Md.</i>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 15 1951
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>College Heights, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Geo. Gen. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Everfield Drive</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Octavus</u>	(Middle)	(Last) <u>Everfield</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>4</u>	(Year) <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Sept. 29, 1884</u>
9. AGE last birthday <u>66</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Md</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Wm O. Everfield</u>	
14. MOTHER'S MAIDEN NAME <u>Lillian Talbot</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY No. <u>none</u>		17. INFORMANT AND ADDRESS <u>Catherine Everfield College Heights Md</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Immediate cause <u>Anemia, severe, secondary</u>		
(b) Antecedent cause(s) <u>Acute Lymphatic Leukemia</u>		<u>10 mos</u>
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>49</u> , to <u>May</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4 May</u> , 19 <u>51</u> , and that death occurred at <u>9 PM</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Ch. Elieune</u>		DATE SIGNED <u>5/7/51</u>	
(Degree or title) <u>M.D.</u>		ADDRESS <u>College Park, Md</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>St James Cemetery</u>	LOCATION (City, town, or county) (State) <u>Tracy Landing Md</u>
DATE REC'D BY LOCAL REG. <u>5/7/51</u>	REGISTRAR'S SIGNATURE <u>Amanda Downey</u>	24. FUNERAL DIRECTOR <u>F. Bracherson</u>	ADDRESS <u>Nyatlantle Md</u>

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

3002

05080

100105

RECEIVED
APR 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05081 243

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D. C. COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale (rural)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS 1514 Mass. Ave., S. E.	
3. NAME OF DECEASED (Type or Print) Carrie Bell Feeling		4. DATE OF DEATH (Month) May (Day) 8 (Year) 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10/28/31
9. AGE last birthday 19 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	
11. BIRTHPLACE (State or foreign country) McBean, Ga.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Feeling		14. MOTHER'S MAIDEN NAME Beatrice Wiley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(a)

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1948, to 5/8, 1951, that I last saw the deceased

alive on 5/8, 1951, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

Glenn Dale Sanatorium

DATE SIGNED

Glenn Dale, Md.

5/9/51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF 5/9/51

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/9/51

H. Weiss

John T. Stewart, 304 St. N.E.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 16 1951
BUREAU 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

05082

1. PLACE OF DEATH COUNTY Prince Georges CITY (If outside corporate limits, write RURAL and give nearest town) Fairmount Hgts. TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) Wash. D.C. TOWN STREET ADDRESS 507- Virginia Ave. S.E.	
3. NAME OF DECEASED (Type or Print) Cornelia		4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1951	
6. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug 29 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Private Family	9. AGE last birthday 45 yrs. If under 1 year Months 8 Days 14 If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Charlottesville, Va		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Cecil White		14. MOTHER'S MAIDEN NAME Jettie White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No.	
17. INFORMANT David White (Brother)			

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Atelectasis	30 Min
Antecedent cause(s) (b) Rt. Upper & Lower Lobe Pneumonia	4 days
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 12 1951, to May 13 1951, that I last saw the deceased alive on May 13 1951, and that death occurred at 11:45 P.m., from the causes and on the date stated above.	
SIGNATURE Willbur F. Jackson	DATE SIGNED 5/13/51
23. BURIAL, CREMATION, REMOVAL (Specify) Removal	NAME OF CEMETERY OR CREMATORY
DATE REC'D BY LOCAL REG. May 14-1951	ADMINISTRATOR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Mahon & Schley Inc. 424 R St. N.W. 720826 Wash., D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05083

1. PLACE OF DEATH COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Roger Heights</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Roger Heights</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>5006-56th Avenue</u>		STREET ADDRESS (If rural, give location) <u>5006-56th Avenue</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MINNIE</u>	(Middle) <u>FLAHERTY</u>	(Last)
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>about 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - G.P.O.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	9. AGE last birthday <u>84</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>WASH. D.C.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Andrew Gleason</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Lynch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
(If yes, give war or dates of service)		17. INFORMANT <u>Andrew Flaherty (Son)</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) acute cardiac failure

Antecedent cause(s)

(b) Cardio-vascular-renal disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

1 day

5 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

(No)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1945, to 5/1, 1951, that I last saw the deceased

alive on 5/1, 1951, and that death occurred at 6:54 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 1, 1951 James Lervey

J. F. Costello Wash. D.C.
1722-21 Capital St. NW 916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

05084

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md.</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Riverdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Nyattsville</u>	
TOWN <u>Riverdale</u>		TOWN <u>Nyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Beland Memorial Hosp.</u>		STREET ADDRESS (If rural, give location) <u>4415- Oliver St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Alonza</u> (First) <u>Stewart</u> (Middle) <u>Ford</u> (Last)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 27, 1872</u>
			9. AGE last birthday <u>78</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Rockbridge Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Thomas E. Ford</u>		14. MOTHER'S MAIDEN NAME <u>Susan P. Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u></u>	
17. INFORMANT AND ADDRESS <u>Mrs Anita Bayle (Niece) 6313 1/2 Edm. ind. st. Rd. Riverdale, md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Broncho pneumonia

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1957, to 5-16, 1957, that I last saw the deceasedalive on 5-16, 1957, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE TIME OF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

564246

RECEIVED
MAY 18 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05085

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH - COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <i>Maryland</i> COUNTY <i>Prince George</i>	
CITY (If outside corporate limits, write RURAL and give nearest town or give no city or town) <i>Exeter</i>		CITY (If outside corporate limits, write RURAL and give nearest town or town) <i>Hyattsville Md</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Prince George Hospital</i>		STREET ADDRESS (If rural, give location) <i>4114 Jefferson St</i>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>EDWARD ASHTON FULLER</i>		DATE OF DEATH (Month) (Day) (Year) <i>May 15 1951</i>	
4. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/27/1897</i>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Publisher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own business</i>	9. AGE last birthday <i>53</i> yrs. <input type="checkbox"/> under 1 year <input type="checkbox"/> under 24 hrs.
11. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Edward A. Fuller</i>		14. MOTHER'S MARY NAME <i>Mary Lloyd Wells</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>WW 1-10</i>		17. INFORMANT AND ADDRESS <i>Mildred Fuller Hyattsville Md</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Acute Coronary Thrombosis &

Antecedent cause(s)

(b)

Myocardial Infarction

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-4*, 19*45*, to *5-15*, 19*51*, that I last saw the deceasedalive on *5-14*, 19*51*, and that death occurred at *8:10 A.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATOR

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 17 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05086

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Huntville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Huntville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Sharity Rd</u>		STREET ADDRESS (If rural, give location) <u>Sharity Rd</u>	
3. NAME OF DECEASED (Type or Print) <u>Thomas Green</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Govt.</u>	9. AGE last birthday <u>77</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Prince George's Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Charles Green</u>		14. MOTHER'S MAIDEN NAME <u>ELSIE HAMILTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT <u>Miss Louise Green (daughter)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hyper Tension. ARTERIO SCLEROSIS(c) ProstatismII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 16, 1947, to May 16, 1957, that I last saw the deceasedalive on May 16, 1957, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REBURNAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Reburial</u>	<u>May 19th '57</u>	<u>Mt. Olivet Cemetery</u>	<u>Washington, D. C.</u>	<u>1957</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 18, 57</u>	<u>Carrie J. Campbell</u>	<u>Robert G. McGuire</u>	<u>1820 9th St., N.W.</u>	
			<u>Washington, D. C.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 22 1951
BI KEAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05087

Reg. Dist. No. *245*

1. PLACE OF DEATH COUNTY <i>P. George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>P. Geo</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>West Hyattsville</i>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>West Hyattsville</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>5403 - 635 Ave</i>	
3. NAME OF DECEASED (Type or Print) <i>Anna M. Harold</i>		4. DATE OF DEATH (Month) <i>May</i> (Day) <i>11</i> (Year) <i>1957</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 12, 1883</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE last birthday <i>67</i> yrs. If under 1 year (Months) (Days) (Hours) (Min.)
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>George Hermann</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <i>Henry J. Halberle</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Myocardial Infarction*

INTERVAL BETWEEN ONSET AND DEATH

15 yrs.

Antecedent cause(s)

(b) *Cerebral Accident, Cerebral*

7 mos.

(c) *Ischemic Renal Disease*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 31, 1951*, to *May 10, 1951*, that I last saw the deceased

alive on *May 10, 1951*, and that death occurred at *10:35* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 11, 1957
D. Kelly - 5304 Newport

J. W. Lee - 300 - 4 N. H. E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BRITAIN V. S.

MAY 14 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berwyn</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berwyn</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>6203 Quebec Street</u>		STREET ADDRESS (If rural, give location) <u>6203 Quebec Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>WILLIAM</u>	(Middle) <u>EDWIN</u>	(Last) <u>HAUGH</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>4th</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 19/1892</u>
9. AGE last birthday <u>58</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>	
11. BIRTHPLACE (State or foreign country) <u>Montreal, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Haugh</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>578-07-5046</u>	
17. INFORMANT AND ADDRESS <u>Alice Rolston, 407 LeBaum St.S.E.</u>		<u>Washington, D.C.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION
Immediate cause (a) <u>Pulmonary hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hours</u>
Antecedent cause(s) (b) <u>Bronchogenic Carcinoma</u>		<u>6-7 months</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to May 3, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

SIGNATURE William M. Eisner M.D. ADDRESS 3013 Ridge Rd, Greenbelt, Md DATE SIGNED 5/7/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE MAY 7th 1951 NAME OF CEMETERY OR CREMATORY WASHINGTON NATIONAL LOCATION (City, town, or county) (State) SMITHLAND, PRINCE GEORGES CO, MD

DATE REC'D BY LOCAL REG. May 5-1951 REGISTRAR'S SIGNATURE John D. Smith 24. FUNERAL DIRECTOR W.W. Chambers Company, Riverdale, Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05088

Reg. Dist. No. 230

Washington, D.C.

INTERVAL BETWEEN ONSET AND DEATH

3-4 hours6-7 monthsYes ☐ No ☐

(STATE)

DATE SIGNED

5/7/51

(State)

ADDRESS

W.W. Chambers Company, Riverdale, Md.

970VVV

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

05089

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Hyattsville</u>	
TOWN <u>Cheverly</u>		TOWN <u>Hyattsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen Hosp.</u>		STREET ADDRESS (If rural, give location) <u>5203 Crittenden St</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ray</u>	(Middle)	(Last) <u>Heard</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>1</u>	(Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 11-1933</u>
9. AGE last birthday <u>18</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>No</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Charles J. Shuler</u>		14. MOTHER'S MAIDEN NAME <u>Irene Peterson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>Charles J. Shuler Hyattsville Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Chronic hepatitis → Cirrhosis</u>		
Antecedent cause(s) (b) <u>Hypertensive heart Disease.</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2, 1944, to 5-1, 1951, that I last saw the deceased alive on 4-10, 1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE Edvent W. D. ADDRESS Hyattsville DATE SIGNED May 5-1-51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 3, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Rock Creek</u>	LOCATION (City, town, or county) (State) <u>Washington DC</u>
DATE REC'D BY LOCAL REG. <u>5-2-51</u>	REGISTRAR'S SIGNATURE <u>Amanda Downey</u>	24. FUNERAL DIRECTOR <u>J. Garsch sons</u>	ADDRESS <u>Hyattsville Md</u>

MARGIN RESERVED FOR BINDING

VS. A15.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 4 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

05040
3010

1. PLACE OF DEATH: COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bladensburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen. Hosp</u>		STREET ADDRESS (If rural, give location) <u>4404-54th Pl.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>EMMA</u>	(Middle)	(Last) <u>Hill</u>
4. SEX <u>Female</u>	5. COLOR OR RACE <u>W.</u>	6. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	7. DATE OF BIRTH <u>11-13-76</u>
8. AGE last birthday <u>74</u> yrs.	9. DATE OF DEATH <u>May 10</u> 19 <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Charles Engstrom</u>	14. MOTHER'S MAIDEN NAME <u>Eva Johnson</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>
16. SOCIAL SECURITY No. <u>none</u>	17. INFORMANT AND ADDRESS <u>John Hill Bladensburg Md</u>	18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral-Vascular accident

INTERVAL BETWEEN ONSET AND DEATH

1 week

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis generalized

1 year

(c) Acute cholecystitis

1 week

Hypertensive cardiovascular disease

1 year

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct, 1950, to May, 1957, that I last saw the deceased

alive on May 9, 1957, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Benjamin S. Miller M.D. 3824-34th St NW Princeton Md. 5-10-57

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City town, or county)	(State)
<u>transportation</u>	<u>5/12/57</u>	<u>Calumet met</u>	<u>Michigan</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/11/57</u>	<u>Amanda Droney</u>	<u>W. Paschall</u>	<u>Hyattsville Md</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05091

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY Prince Georges		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4912 Erie Street		STREET ADDRESS (If rural, give location) 4912 Erie Street	
3. NAME OF DECEASED (First) (Middle) (Last) NANNIE CAROLINE HOSTETTER		4. DATE OF DEATH (Month) (Day) (Year) May 6th, 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 17/1873
9. AGE last birthday 78 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Rock Bridge County, Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Hartigan		14. MOTHER'S MAIDEN NAME Fitzpatrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. none	
17. INFORMANT AND ADDRESS George J. Hostetter, 4912 Erie St. Berwyn, Md.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
Immediate cause (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs	
Antecedent cause(s) (b) Arterio-sclerotic Heart Disease		Syst	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Parkinson's Disease		?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 48 , 19 48 , to May 51 , 19 51 , that I last saw the deceased alive on 3 May 51 , and that death occurred at 11 A.m. , from the causes and on the date stated above.			
SIGNATURE Dr. Elmer		ADDRESS College Park Md DATE SIGNED 5/2/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE May 7, 1951	
NAME OF CEMETERY OR CREMATORY Unknown		LOCATION (City, town, or county) (State) Collierstown, Virginia	
DATE REC'D BY LOCAL REG. May 7-1951		REGISTERAR'S SIGNATURE John D. Smith	
24. FUNERAL DIRECTOR W.W. Chambers Company, Riverdale, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.34

05092

1. PLACE OF DEATH COUNTY <u>PRINCE GEORGES</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>PR. Geo. Co</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Boulevard Heights</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Boulevard Heights</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>4801- Ellis St</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>CARL</u>	(Middle) <u>HULIEN</u>	(Last) <u>HULIEN</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 17-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>wood printing house</u>	9. AGE last birthday <u>61</u> yrs.	4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>19</u> (Year) <u>1951</u>
13. FATHER'S NAME <u>Charles Hulien</u>	14. MOTHER'S MAIDEN NAME <u>Minnie Lerch</u>	11. BIRTHPLACE (State or foreign country) <u>Washington DC</u>	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Marie R. Hulien (wife)</u>	<u>4801- Ellis Street</u>

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>CEREBRAL HEMORRHAGE</u>		<u>7 hours</u>
441X Antecedent cause(s)	(b) <u>MALIGNANT HYPERTENSION</u>		<u>3 years</u>
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) <u>Hypertensive heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from MAY, 1948, to MAY, 1951, that I last saw the deceased alive on MAY, 1951, and that death occurred at 1:23 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 21-51</u>	<u>Cedar Hill Cemetery</u>	<u>Shiloh, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>May 19-51</u>	<u>James J. Beall</u>	<u>Simmons Bros.</u>	<u>2007- Nichols Ave.</u>	

512459 Wash 20 DC

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1991
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3008

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05093

Reg. Dist. No. 242

1. PLACE OF DEATH- COUNTY Prince George's		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Suitland		CITY (If outside corporate limits, write RURAL and OR give nearest town) Washington	
TOWN Suitland		TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS In a yard at Carry Homes		STREET ADDRESS 803 Second Street S.W.	
3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Jett (Last)		4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1/7/04
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Bird Jett		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give year or dates of service) No		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS Thomas Jett		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) **Acute congestive heart failure**Antecedent cause(s) (b) **Cardiovascular renal disease**

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY? Yes ☒ No ☐

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/11/51

Carrie J. Campbell.

John T. Chmura, Washington, D.C.

CO

970 W



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05094

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY <u>Prince Georges County</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Glenn Dale (rural)</u> LENGTH OF STAY (in this place) <u>4 mos., and 26 days.</u> TOWN <u>Glenn Dale</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>D. C.</u> COUNTY <u>-</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u> TOWN <u>Washington</u> STREET ADDRESS (If rural, give location) <u>1228 15th St., N. W.</u>	
3. NAME OF DECEASED (Type or Print) <u>PETER</u> (First) <u>W</u> (Middle) <u>KOLL</u> (Last)		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>16</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>6/20/1896</u>
9. AGE last birthday <u>54</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Clerk</u>	11. BIRTHPLACE (State or foreign country) <u>Rhineland, Germany</u>
13. FATHER'S NAME <u>Peter Koll</u>		12. CITIZEN OF WHAT COUNTRY <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Maria Hofgesang</u>	
16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT AND ADDRESS <u>Decedent</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

6 mos

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12/18, 1950, to 5/16, 1951, that I last saw the deceased

alive on 5/16, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

690636 MA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY <u>Prince George's Co</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write nearest town) <u>Bowie Md</u> OR <u>3 miles</u> LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write nearest town) <u>Bowie Md</u> OR <u>3 miles</u> LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Shilence Highway</u>		STREET ADDRESS (If rural, give location) <u>Shilence Highway</u>	
3. NAME OF DECEASED (Type or Print) <u>ALBERT</u> (First) <u>KRAMER</u> (Middle) (Last)		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>26</u> (Year) <u>51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/28/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	9. AGE last birthday <u>65</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Conrad Kramer</u>		14. MOTHER'S MAIDEN NAME <u>Lydin Rosenbark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Blanche J. Kramer Bowie Md</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute Cardiac Distention

INTERVAL BETWEEN ONSET AND DEATH

1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Gangrene Foot hips shoulder1 mo(c) Chr. Arthritis - Chr. Cardiovascular12 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-1, 1943, to 5-26, 1951, that I last saw the deceasedalive on 5-25, 1951, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5/29/51</u>	<u>Lutheran Cemetery</u>	<u>Bowie Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5-28-51</u>	<u>Agnes H. Jungling</u>	<u>E. Gauderson</u>	<u>Hyattsville Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

510246

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>DuPont Heights Md</u> TOWN <u>13 years</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>4670 Davis Ave. Washington 200c</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Pr Geo</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>DuPont Heights</u> TOWN <u>13 years</u> STREET ADDRESS (If rural, give location) <u>4670 Davis Ave. Washington 200c</u>	
3. NAME OF DECEASED (First) <u>Margaret</u> (Middle) <u>Mills</u> (Last) <u>Evny</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>6</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 23</u>
9. AGE last birthday <u>55</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country) <u>Prince Georges Co. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John H. Mills</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>unknown</u>	
17. INFORMANT AND ADDRESS <u>Cecilia Thorne - 658-G St. NE - DC</u>		18. MEDICAL CERTIFICATION	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Acute Pulmonary Edema</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Acute congestive heart failure</u>	
	(c) <u>Cardiovascular Renal Disease</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <u>none</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>none</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>-</u>

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>May 9, 1957</u>	NAME OF CEMETERY OR CREMATORY <u>Lincoln Memorial Cemetery</u>	LOCATION (City, town, or county) <u>Smithland Maryland</u>
DATE REC'D BY LOCAL REG. <u>5/6/57</u>	REGISTRAR'S SIGNATURE <u>Carrie F. Campbell</u>	24. FUNERAL DIRECTOR <u>Henry S Washington - Washington, DC</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05097

Reg. Dist. No. 239

1. PLACE OF DEATH - COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>md</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lanham</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Lanham</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>610 9th St</u>		STREET ADDRESS (If rural, give location) <u>610 9th St</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>HATTIE</u> <u>MATTHEWS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>10</u> <u>1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLOR</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 24 1892</u>
9. AGE last birthday <u>58</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Lanham md</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13. FATHER'S NAME <u>Wm. Matthews</u>	14. MOTHER'S MAIDEN NAME <u>Liza Gardner</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY No. <u>None</u>	17. INFORMANT AND ADDRESS <u>George Miller, 612 9th St Lanham</u>		

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>4d.</u>
(a) Immediate cause <u>Stroke</u>			
(b) Antecedent cause(s) <u>83a</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

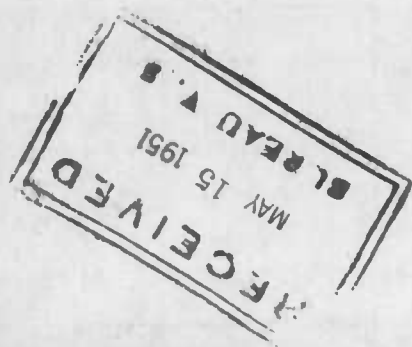
22. I hereby certify that I attended the deceased from 4-6, 1951, to 5-9, 1951, that I last saw the deceased alive on 5-10, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE <u>Wm. R. Brung</u>		(Degree or title) <u>M.D.</u>		ADDRESS <u>305 P. George St. Lanham</u>		DATE SIGNED <u>5-10-51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE <u>May 12 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Winkist Cemetery</u>		LOCATION (City, town, or county) <u>Winkist P. O.</u>		(State) <u>md</u>	
DATE REC'D BY LOCAL REG. <u>May 11-1951</u>	REGISTRAR'S SIGNATURE <u>M. Brachman</u>	24. FUNERAL DIRECTOR <u>Ridgely Selby</u>		ADDRESS <u>401 Wash ave</u>		<u>7208 Lanham 2nd</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Virginia COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN T. B. LENGTH OF STAY Transient		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Alexandria	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 1/2 miles N. E. of T. B.		STREET ADDRESS (If rural, give location) 912 S Alfred	
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Marvin	(Last) McClellan
4. DATE OF DEATH	(Month) 5	(Day) 31	(Year) 51
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12/9/22
9. AGE last birthday 28 yrs.		If under 1 year Months	If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) First Lieutenant		10b. KIND OF BUSINESS OR INDUSTRY U.S. Airforce	
11. BIRTHPLACE (State or foreign country) Clay, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Marvin McClellan		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. Active duty	
17. INFORMANT AND ADDRESS U. S. Airforce Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a).....	Total dismemberment	
Antecedent cause(s) (b).....		
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	PLACE (Home, farm, factory, street, or place of business) at place of death	(CITY OR TOWN) T. B. (COUNTY) P. G. (STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY 5 31 51 11:40A	INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Airplane crash

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE James D. Boyd		DATE SIGNED 5/31/51
M. D. Forestville, Md.		
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF June 5/51	NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington Va.	24. FUNERAL DIRECTOR Wooten Funeral Home	ADDRESS 301 E. Capital St. Wash. D. C.
DATE REC'D BY LOCAL REG. June 6-1951	REGISTRAR'S SIGNATURE A. H. Hedrick	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 6 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05099 24/5

1. PLACE OF DEATH COUNTY Prince George MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Prince George	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum Md		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum Md	
HOSPITAL OR INSTITUTION OR STREET ADDRESS sargent Rd		STREET ADDRESS (If rural, give location) sargent Road	
3. NAME OF DECEASED (Type or Print) STEPHEN ALEXANDER MILLER		4. DATE OF DEATH May 25, 1957	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9/17/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	9. AGE last birthday 66 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Stephen A. Miller		14. MOTHER'S MAIDEN NAME Adelaide Souder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No.	
17. INFORMANT Tracy L. Miller Chillum Md			

18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause	(a) acute congestive heart failure
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) chronic myocardial failure
	(c) cause undetermined
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. art and severe moderate	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
no	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1942 to May 25, 1957, that I last saw the deceased alive on May 15, 1957, and that death occurred at 6 PM, from the causes and on the date stated above.

SIGNATURE DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/28/57	NAME OF CEMETERY OR CREMATORY Rock Creek	LOCATION (City, town, or county) Washington D.C.	(State)
DATE REC'D BY LOCAL REG. May 28, 1957	REGISTRAR'S SIGNATURE Mrs. Jas. Sever	24. FUNERAL DIRECTOR	ADDRESS	
		Lachisone Hyattsville Md		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

05100

1. PLACE OF DEATH: COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Prince George</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Aberdeen</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Riverdale</u>	
TOWN <u>Aberdeen</u>		TOWN <u>Riverdale</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Geo. Gen Hosp</u>		STREET ADDRESS (If rural, give location) <u>6029 Baltimore Blvd.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Eugene</u> (Middle) <u>JUNIOR</u> (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) <u>MAY</u> (Day) <u>7</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>JUNE 29/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>51</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>THEODORE MOORE</u>		11. BIRTHPLACE (State or foreign country) <u>W. Virginia</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY No. <u>235-12-1978</u>		17. INFORMANT AND ADDRESS <u>Jessie G. Moore - 6029 Balt. Blvd. Riverdale, Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

2 months

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Bronchogenic Carcinoma

6 months

(c) Rt Lung

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

Dec 10, 1950 Bronchogenic Carcinoma, inoperable

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)

SUICIDE INJURY

HOW DID INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at ☐ Not While at work ☐

22. I hereby certify that I attended the deceased from Nov-15, 1950 to May 7, 1951, that I last saw the deceased

alive on May 7, 1951, and that death occurred at 6:53 p.m. from the causes and on the date stated above.

SIGNATURE Samuel H. Sugar MD ADDRESS 4300 Kayswood Drive Mt Rainier Md DATE SIGNED 5/7/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF MAY 10, 1951 NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEM LOCATION (City, town, or county) Colmar Manor, PR. Geo. MD (State)

DATE REC'D BY LOCAL REG. 5/7/51 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR W.W. Chambers Co - Riverdale, MD ADDRESS

530816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05101

Reg. Dist. No. 214

1. PLACE OF DEATH COUNTY <u>PRINCE GEORGE</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>DC</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>HYATTSVILLE</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>WASHINGTON</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Mother Jones Rest Home</u>		STREET ADDRESS (If rural give location) <u>520. PEABODY ST NW</u>	
3. NAME OF DECEASED (Type or Print) <u>PRISCILLA</u>	(First) <u>L</u> (Middle) <u>MOOREHEAD</u> (Last)	4. DATE OF DEATH	(Month) <u>5</u> (Day) <u>4</u> (Year) <u>1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 13, 1867</u>
9. AGE last birthday <u>89</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEMAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>89</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13. FATHER'S NAME <u>PHILLIP SHAY</u>	14. MOTHER'S MAIDEN NAME <u>MARY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>PHILIP MOORHEAD</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>SENILITY</u>		
Antecedent cause(s) (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>HYPOTATATIC PNEUMONITIS</u>	<u>24 HRS</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DECUBITUS ULCERS</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL, 1951, to MAY, 1951, that I last saw the deceased alive on MAY 3, 1951, and that death occurred at 1245 A m., from the causes and on the date stated above.

SIGNATURE <u>Bernard A. Fitzgerald MD</u>		(Degree or title)		ADDRESS <u>502 MALCOLM DR. Silver Spring Md</u>		DATE SIGNED <u>5/4/51</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	DATE <u>5/7/51</u>	NAME OF CEMETERY OR CREMATORY <u>Chesholt</u>	LOCATION (City, town, or county) <u>Silver Spring Md</u>	(State)			
DATE REC'D BY LOCAL REG. <u>MAY 4, 1951</u>	REGISTRAR'S SIGNATURE <u>Frances Potter</u>	24. FUNERAL DIRECTOR <u>Chesholt</u>	ADDRESS <u>601400 Chapel Shaw</u>				

(OVER)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Chambers called & said
Burial was to be in
Westminster Cemetery
Phila Pa

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05102

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale (rural)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS (If rural, give location) Apt. 310 - 1300 E. Clifton Terrace, NW	
3. NAME OF DECEASED (Type or Print) Charles (First) H. (Middle) NORTH (Last)		4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3/1/1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect		10b. KIND OF BUSINESS OR INDUSTRY self employed	9. AGE last birthday 65 yrs.
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William F. North		14. MOTHER'S MAIDEN NAME Mamie J. Knorr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Pulmonary tuberculosis far advanced 12 Mo

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/11, 1950, to 5/28, 1951, that I last saw the deceased alive on 5/28, 1951, and that death occurred at 1 p.m., from the causes and on the date stated above.					
SIGNATURE Daniel Leo Pinesane		(Degree or title) M. D.		ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland 5/28/51	
23. BURIAL, CREMATION REMOVAL (Specify) V		DATE THEREOF 5/28/51		NAME OF CEMETERY OR CREMATORY Washington D.C.	
DATE REC'D BY LOCAL REG. 5/29/51		REGISTRAR'S SIGNATURE H. W. W.		24. FUNERAL DIRECTOR The S. H. Hines Co. 2801 14th St NW WASH. D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

003818

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05103

Reg. Dist. No. *nf5*

1. PLACE OF DEATH- COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATED <i>Maryland</i> COUNTY <i>Montgomery</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Princess Anne</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Silver Spring</i>	
TOWN <i>Princess Anne</i>		TOWN <i>Silver Spring</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Selander Memorial Hospital</i>		STREET ADDRESS (If rural give location) <i>P.O. Box 507</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>George</i> (Middle) <i>L.</i> (Last) <i>Phelps</i>		4. DATE OF DEATH (Month) <i>5</i> (Day) <i>8</i> (Year) <i>1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 14, 1897</i>
9. AGE last birthday <i>3-3</i> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Building homes</i>	
11. BIRTHPLACE (State or foreign country) <i>Washington, D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Joseph Phelps</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Batchler</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>214-02-8458</i>	
17. INFORMANT <i>Mrs. Madeline Rose Phelps - Wife</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Acute congestive heart failure*

Antecedent cause(s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Cardiovascular renal disease*

(c)

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

TIME (Month) (Day) (Year) (Hour) OF INJURY INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) *Burial* DATE THEREOF *5/12/57* NAME OF CEMETERY OR CREMATORY *Geo. Wash. Memorial Cemetery* LOCATION (City, town, or county) (State) *Prince Geo. County Md.*

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 12, 1957 *James Severy* *Warrenton Humphrey* *8434 Ga. Ave. Silver Spring, Maryland*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05104
 Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince Georges		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY P. S.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Chantilly		LENGTH OF STAY In this place 1 month		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Capital Heights			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General				STREET ADDRESS 427-49th St		(If total, give location)	
3. NAME OF DECEASED (Type or Print)		(First) Henry	(Middle) Lee	(Last) Phillips	4. DATE OF DEATH		
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> MARRIED		8. DATE OF BIRTH 5 Feb 1948	
9. AGE last birthday 3 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington D.C.	
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Robert B. Phillips		14. MOTHER'S M maiden name			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Robert B Phillips Capital Heights Md			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Hemorrhage and shock							
Antecedent cause(s) (b) Crushed skull							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Abrasion on both arms							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				PLACE (Home, farm, factory, street, or office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) OF INJURY 5 7 51 3:30 PM				INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>			
(CITY OR TOWN) Capital Heights				(COUNTY) P. S.			
(STATE) Md				HOW DID INJURY OCCUR? Run over by an automobile			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
SIGNATURE James D. Boyd M.D.				DATE SIGNED 5-8-51			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial				DATE THEREOF May 11, 1951			
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery				LOCATION (City, town, or county) Suitland Md			
DATE REC'D BY LOCAL REG. 5/9/51				24. FUNERAL DIRECTOR F. Gacche son of Hyattsville Md			
REGISTERAR'S SIGNATURE Amanda Downey				ADDRESS			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05105

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>md.</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Accokeek</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges General Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Harvey</u>	(Middle) <u>D</u>	(Last) <u>Porter</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>24</u>	(Year) <u>1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>self</u>	8. DATE OF BIRTH <u>12-27-91</u>
9. AGE last birthday <u>59</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>md.</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Bob 155</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary failure - acute, congestive

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

Antecedent cause(s)

(b)

Anterior wall heart disease (Myocardial infarction)10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

1 yr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1951, to 5-24, 1951, that I last saw the deceasedalive on 5-24, 1951, and that death occurred at 10:00 P.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/25/51Amanda DowneyW. W. Chambers517-11 St SE510246 Wash. D.C.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05106

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Prince George MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE D. C. COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hillside		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mike Young's Bar Room		STREET ADDRESS (If rural, give location) 625 E St. SE	
3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Edward	(Last) Prochazka
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH 4/8/1887
9. AGE last birthday 64 yrs.		10. DATE OF DEATH May 19 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY unemployed	
11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? Czechoslovakia	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Randolph Prochazka, Cedar Hurst, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
(a) Acute congestive heart failure		
(b) Generalized toxemia		
(c) Bilateral bronchopneumonia		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
SIGNATURE James D. Boyd		DATE SIGNED 5/19/51
M.D. Forestville, Md.		
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/22/51	NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland, Md.		(State)
DATE REC'D BY LOCAL REG. 5/21/51	REGISTRAR'S SIGNATURE Carrie F. Campbell	24. FUNERAL DIRECTOR F. Gasch & Sons, Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05107

Reg. Dist. No. *100*

234

1. PLACE OF DEATH COUNTY <i>Prince George's</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>PS</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Exon Hill</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Exon Hill</i>	
TOWN <i>Exon Hill</i>		TOWN <i>Exon Hill</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>5442 Exon Hill Rd</i>		STREET ADDRESS (If rural, give location) <i>5442 Exon Hill Rd</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>Sidney</i> (Middle) <i>W</i> (Last) <i>Proctor</i>		4. DATE OF DEATH (Month) <i>5</i> (Day) <i>24</i> (Year) <i>1981</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>5-16-24</i>
9. AGE last birthday <i>27</i> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clark</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Sidney Proctor</i>		14. MOTHER'S MAIDEN NAME <i>Carrie Proctor</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>yes</i>		16. SOCIAL SECURITY No. <i>100-100000</i>	
17. INFORMANT AND ADDRESS <i>Elizabeth A Proctor</i>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <i>Hemorrhage and shock</i>		
(b) <i>Gun shot wound of right chest</i>		
(c) <i>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</i>		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY <i>Home</i>
TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5 24 51 1981</i>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>
HOW DID INJURY OCCUR? <i>shot self with shot gun</i>	

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ Thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

SIGNATURE <i>James J. Bond</i>		ADDRESS <i>Forestville Md</i>		DATE SIGNED <i>5-24-81</i>
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <i>May 29-81</i>	NAME OF CEMETERY OR CREMATORY <i>Arlington Nat.</i>	LOCATION (City, town, or county) <i>Arlington</i>	(State) <i>PA</i>
DATE REC'D BY LOCAL REG. <i>5/28/81</i>	REGISTRAR'S SIGNATURE <i>John H. Garry</i>	24. FUNERAL DIRECTOR <i>Samuel S. Garry</i>		ADDRESS <i>Med. Alton Daniel</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

370916

BUREAU V. S.

MAY 31 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05108

Reg. Dist. No. 242

1. PLACE OF DEATH - COUNTY Prince George		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland		COUNTY Pr Geo	
CITY (If outside corporate limits, write RURAL and give nearest town) Hillside		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) Hillside		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) 1223 55th Ave.			
3. NAME OF DECEASED (Type or Print) Charles		(First)		(Middle)		(Last)	
4. DATE OF DEATH May 8 1951		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH April 27, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pastry Chef		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dunen, Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mathias Prummer		14. MOTHER'S MAIDEN NAME Ursula		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY No. 577-30-7406	
17. INFORMANT AND ADDRESS Peggie Bungee - 1301 Export Sq. SE		18. MEDICAL CERTIFICATION		19. DATE OF OPERATION July 21, 1949		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 days
Antecedent cause(s) (b) Carcinoma of larynx Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 161X 47a	2 years
(c)	

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 21, 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of larynx	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 5**, 19 **50**, to **May 8**, 19 **51**, that I last saw the deceased alive on **May 7**, 19 **51**, and that death occurred at **8:55 a.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. E. Cornelisen

M.D.

4400 Bowen St. SE

May 8, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF May 10/51	NAME OF CEMETERY OR CREMATORY Lee's Crematorium	LOCATION (City, town, or county) (State) Washington, DC
DATE REC'D BY LOCAL REG. May 10, 1951	REGISTRAR'S SIGNATURE Carrie F. Campbell	24. FUNERAL DIRECTOR J. Wm. Lees & Sons Co. - 300 4	ADDRESS J. Wm. Lees & Sons Co. 300 4th St. NE

MARGIN RESERVED FOR BINDING

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 22 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05109

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>P. Geo</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Cabrest, near Laurel</u> LENGTH OF STAY (in this place) <u>2 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Cabrest near Laurel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>ELEANOR</u> (Middle) <u>A.</u> (Last) <u>REID</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>12</u> (Year) <u>1971</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 2 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>70 yrs.</u>
11. BIRTHPLACE (State or foreign country) <u>Washington D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Daniel E. Marston</u>		14. MOTHER'S MAIDEN NAME <u>Ellen C. Cassidy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Engene R. Reid, Cabrest, Md.</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Cerebral anoxia</u>				
Antecedent cause(s) (b) <u>Hypertension</u>				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u> </u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)	
HOMICIDE	INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

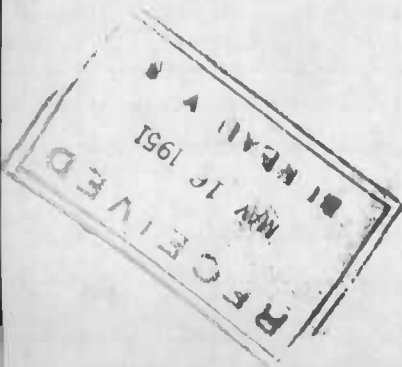
22. I hereby certify that I attended the deceased from 4-13, 1971, to 5-12, 1971, that I last saw the deceased alive on 5-12, 1971, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE <u>R. O. O'Brien, MD</u> (Degree or title)		ADDRESS <u>Bienville, Md.</u>		DATE SIGNED <u>5-14-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)	
<u>Burial</u>	<u>5/15/51</u>	<u>St. Mary's Cemetery</u>	<u>Laurel, Maryland</u>		
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
<u>May 14-51</u>	<u>M. J. Brashears</u>	<u>Dr. W. H. Donaldson</u>	<u>Laurel, Md.</u>		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

05110

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY <u>Prince Geo</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Arundale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cottage City, md</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Delayed Men Hospital</u>		STREET ADDRESS (If rural, give location) <u>3717-37th St</u>	
3. NAME OF DECEASED (Type or Print) <u>Oliver</u> (First) <u>May</u> (Middle) <u>Reed</u> (Last)		4. DATE OF DEATH (Month) <u>may</u> (Day) <u>19</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 15, 1885</u> yrs. <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday If under 1 year Months <u>4</u> Days <u>4</u> Hours <u>4</u> Min. <u>4</u>
11. BIRTHPLACE (State or foreign country) <u>Thermont md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Heran Jasper Stottlemire</u>		14. MOTHER'S MAIDEN NAME <u>Mahala Cornelia Shaffer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>314</u>	
17. INFORMANT AND ADDRESS <u>Daughter Mrs Louise R Knight 4807 Harvard Rd</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Hypertension Heart Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension - Diabetes - Chronic

(c) muscular injuries

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1951, to 3/19, 1957, that I last saw the deceased

alive on 5/19, 1957, and that death occurred at 2:15 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG

REGISTER'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

may 21, 1957 Mrs. Jas. Severe (Deputy)

314 Comp on Laurel Rd
Cedar Hill
Switzerland Md
Gasche Sm Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1951
BUREAU A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05111

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Riverdale</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Riverdale</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Oakland ave</u>		STREET ADDRESS (If rural, give location) <u>Oakland ave</u>	
3. NAME OF DECEASED (Type or Print) <u>FRANK</u> (First) <u>MURDOCK</u> (Middle) <u>RICE</u> (Last)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>15</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 29 1891</u> 60 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Bldg</u>	11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>
13. FATHER'S NAME <u>William Arthur Rice</u>		14. MOTHER'S MAIDEN NAME <u>Mary Ann Shelby</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>5-79 073965</u>	
		17. INFORMANT AND ADDRESS <u>Single H. Thomas</u>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Thrombosis</u>			<u>Sudden</u>
Antecedent cause(s) (b) <u>Arteriosclerotic Heart Disease</u>			<u>2 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		HOW DID INJURY OCCUR? INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>39</u> , to <u>May 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr 18</u> , 19 <u>51</u> , and that death occurred at <u>10 45</u> m., from the causes and on the date stated above.			
SIGNATURE <u>LW Malinmo</u>		ADDRESS <u>Riverdale Md</u> DATE SIGNED <u>5-16-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/17/51</u>	NAME OF CEMETERY OR CREMATORY <u>St Lincoln</u>	LOCATION (City, town, or county) (State) <u>Calmar Maryland Md</u>
DATE REC'D BY LOCAL REG. <u>May 17 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jas. Severe</u>	24. FUNERAL DIRECTOR <u>Lucille some Hyattsville Md</u> ADDRESS <u>510246</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05112

Reg. Dist. No. *265*

1. PLACE OF DEATH COUNTY <i>Prince George's</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Pr. Geo.</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Mt. Rainier</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Mt. Rainier</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>4405-29th. street</i>		STREET ADDRESS (If rural, give location) <i>4405-29th. street</i>	
3. NAME OF DECEASED (Type or Print)	(First) <i>Emma</i> (Middle) <i>Benham</i> (Last) <i>Sherman</i>	4. DATE OF DEATH <i>May - 13 - 1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>12/26/1871</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <i>79</i> yrs. If under 1 year Months Days Hours Min.
13. FATHER'S NAME <i>Fred Benham</i>		14. MOTHER'S MAIDEN NAME <i>Edwina Sexton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
		17. INFORMANT AND ADDRESS <i>Brother John - 4405-29th Mt Rainier</i>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Conjunctive Heart Failure*INTERVAL BETWEEN ONSET AND DEATH
5-6 weeks

Antecedent cause(s)

(b)

*Coronary Artery Disease**15-20 years*

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

NONE

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE		INJURY		<i>Pr</i>	
HOMICIDE					
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?	
OF INJURY		While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from *May 12, 1951*, to *May 12, 1951*, that I last saw the deceased alive on *May 12, 1951*, and that death occurred at *7:40 P.M.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>5/16/1951</i>		<i>Evergreen Cemetery</i>		<i>Bladensburg Md.</i>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>May 16 1951</i>		<i>James Severy</i>		<i>Nalley's Funeral Home</i>		<i>3200 R.I. Ave. Mt. Rainier, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

05113

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colman Manor</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colman Manor</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>at home</u>		STREET ADDRESS (If rural, give location) <u>4001 Bladenbury Rd.</u>	
3. NAME OF DECEASED (Type or Print) <u>Richard Albert Schreve</u>		4. DATE OF DEATH <u>May 28</u> (Month) (Day) (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>28 Sept 1972</u>
9. AGE last birthday <u>78</u> yrs.		10. AGE last birthday <u>78</u> yrs.	
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Saloon Owner</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Richard A. Schreve Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Mary M. Hall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT AND ADDRESS <u>Walter E Schreve Washington, D.C.</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cardiac - vascular - Renal - Liver - Spleen

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March, 1946, to May 6, 1951, that I last saw the deceased alive on May 4, 1951, and that death occurred at 10:15 A.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>8 May 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Blennwood Cemetery</u>	LOCATION (City, town, or county) <u>Washington, D.C.</u>	(State) <u>D.C.</u>
DATE REC'D BY LOCAL REG. <u>5/8/51</u>	REGISTRAR'S SIGNATURE <u>Amanda Doney</u>	24. FUNERAL DIRECTOR <u>J. Bosch's Sons</u>	ADDRESS <u>Hyattsville, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290679

RECEIVED

MAY 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05114
Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington 20 DC</u>	
TOWN <u>Cheverly</u>		TOWN <u>Washington 20 DC</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen. Hosp.</u>		STREET ADDRESS <u>5140 Wheeler St</u>	
3. NAME OF DECEASED (Type or Print) <u>Waiter</u> (First) <u>P.</u> (Middle) <u>Snellings.</u> (Last)		4. DATE OF DEATH <u>May 19</u> 19 <u>57</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2/12/1878</u>
9. AGE last birthday <u>73</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Cerebral vascular accident

INTERVAL BETWEEN ONSET AND DEATH

5 Days

Antecedent cause(s)

(b)

Hypertensive cardio vascular disease1 yr.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF INJURY	While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 5-14, 1957, to 5-19, 1957, that I last saw the deceasedalive on 5-19, 1957, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

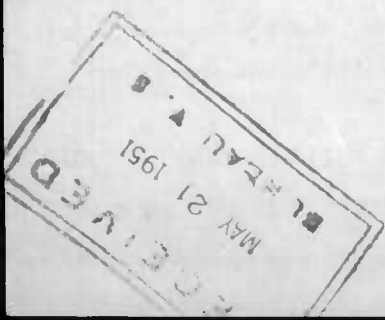
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 22-1957</u>	<u>Cedar Hill</u>	<u>Suitland</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/19/57</u>	<u>Amanda Downey</u>	<u>Deals Funeral Home, Wash. D.C.</u>	<u>WVWV</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *245*

05115

1. PLACE OF DEATH: COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>md</i> COUNTY <i>Prince George</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville md</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Hyattsville Convalescent Home</i>		STREET ADDRESS <i>3800 Baltimore Blvd</i>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>FLORENCE DELIAH SOUDER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 10 1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, (WIDOWED), DIVORCED. (Specify) <i>married</i>	8. DATE OF BIRTH <i>11/5/1864</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>	9. AGE last birthday (If under 1 year Months Days Hours Min.) <i>86 yrs.</i>
11. BIRTH PLACE (State or foreign country) <i>Baltimore md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William J. Crew</i>		14. MOTHER'S MAIDEN NAME <i>Mary Austin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <i>Eus Souder (son) Wilmington Del</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

192X

Antecedent cause(s)

46e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. *Malnutrition*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☐22. I hereby certify that I attended the deceased from *3-2*, 19*44*, to *5/10*, 19*51*, that I last saw the deceasedalive on *5/10*, 19*51*, and that death occurred at *10P* m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1961
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

05116

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince George's</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince George's</u>	
CITY (if outside corporate limits, write RURAL and give nearest town) <u>Chesley, Md</u>		CITY (if outside corporate limits, write RURAL and give nearest town) <u>Colmar Manor</u>	
TOWN <u>Chesley, Md</u>		TOWN <u>Colmar Manor</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George's Gen. Hosp</u>		STREET ADDRESS (If rural give location) <u>3903 - Newton St.</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>James</u> (Middle) <u>Robert</u> (Last) <u>Steep Steep</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police Officer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Police Officer</u>	9. AGE last birthday <u>19</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Mins.
11. BIRTHPLACE (State or foreign country) <u>W. Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robert Steep Steep</u>		14. MOTHER'S MAIDEN NAME <u>Virginia M. Robertson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>5-24-22-1111</u>	
17. INFORMANT <u>Horace Clifford Robertson</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, office, bldg., etc.) <u>Restaurant</u>		(CITY OR TOWN) <u>Colmar Manor</u> (COUNTY) <u>Pr. Geo. Md</u> (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5-19-51</u> ni.		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR? <u>Shot by police officer during robbery.</u>			

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/21/57</u>		NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		LOCATION (city, town, or county) <u>Bladensburg Md</u> (State) <u>Md</u>	
DATE REC'D BY LOCAL REG. <u>5/21/57</u>		REGISTRAR'S SIGNATURE <u>Amanda Downey</u>		24. FUNERAL DIRECTOR <u>F. Kerschbaum</u>		ADDRESS <u>Hyattsville Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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970407



MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05117

Reg. Dist. No. 228

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Prince Georges	
CITY (If outside corporate limits, write RURAL and give nearest town) Riverdale		CITY (If outside corporate limits, write RURAL and give nearest town) Riverdale	
TOWN Riverdale		TOWN Riverdale	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4510 Oliver Street		STREET ADDRESS (If rural give location) 4510 Oliver Street	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
Lottie Margaret Stephen		May 3 1951	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 15, 1881 69 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Riverdale, Md.		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME Benjamin D. Stephen		14. MOTHER'S MAIDEN NAME Charlotte Margaret Dwyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)		17. INFORMANT Mrs. Ardella Smith - Friend	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

REGISTERAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 5, 1951

James Sever

F. Gaachio Souza

Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

V-15A

RECEIVED
MAY 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

05118

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D. C. COUNTY -	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale (rural)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS (If rural, give location) 1603 A. St., S. E.	
3. NAME OF DECEASED (Type or Print) TRED		4. DATE OF DEATH (Month) MAY (Day) 24 (Year) 1951	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3/2/1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mr. Franco Williams, 9th St. N.E., Washington, D.C.	11. BIRTHPLACE (State or foreign country) Pr. Georges Co., Md.
13. FATHER'S NAME Charles Stewart		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. Unknown	
17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

1 year 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 8th, 1950, to May 24th, 1951, that I last saw the deceasedalive on May 23rd, 1951, and that death occurred at 2:40 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
5-24-51		Glenn Dale Sanatorium	Glenn Dale, Maryland	5/24/51
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
5/24/51	W. H. Weiss	Stewart Funeral Home	3014 St. N.E.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1952
BUREAU. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05119

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>6th & 1st St. Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Upper Marlboro, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pr. Geo. Gen. Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>Mary</u> (Middle) <u>Agnes</u> (Last) <u>Suit</u>		(Month) <u>May</u> (Day) <u>6</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 26, 1870</u>
9. AGE last birthday <u>74</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	13. FATHER'S NAME <u>Edward Sweeney</u>	14. MOTHER'S MAIDEN NAME <u>Cothren</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Roy T. Suit. Upper Marlboro, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Embolism</u>		<u>3 days</u>
Antecedent cause(s) (b) <u>Conjunctive Heart Failure</u>		<u>9 months</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Bronchitis</u>		<u>3 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>20 yrs</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>None</u>	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 8, 1951, to May 6, 1951, that I last saw the deceased alive on May 5, 1951, and that death occurred at 8:10 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>5/8/51</u>	NAME OF CEMETERY OR CREMATORY <u>Trinity Episcopal</u>	LOCATION (City, town, or county) (State) <u>Upper Marlboro, Md.</u>
DATE REC'D BY LOCAL REG. <u>May 7 1951</u>	REGISTRAR'S SIGNATURE <u>R. G. Smith</u>	24. FUNERAL DIRECTOR <u>Ritchie Bros.</u>	ADDRESS <u>Upper Marlboro, Maryland.</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 9 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH - COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>P. G.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cheverly</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brentwood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George General Hospital</u>		STREET ADDRESS (If rural, give location) <u>4300 - 40th St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mary</u> (Middle) <u>R.</u> (Last) <u>Sweeney</u>	4. DATE OF DEATH	(Month) <u>May</u> (Day) <u>31</u> (Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 13, 1872</u>
9. AGE last birthday <u>79 yrs.</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>in own home</u>	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>Clement Glaesner</u>	14. MOTHER'S MAIDEN NAME <u>Regina Kramer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Joseph R. Sweeney</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Accident

INTERVAL BETWEEN ONSET AND DEATH

4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-Vascular Disease10 yrs?(c) Diabetes Mellitis15 yrs.?

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12/6, 1950, to 5/31, 1951, that I last saw the deceased alive on 5/31, 1951, and that death occurred at 11:40 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>6/2/1951</u>	NAME OF CEMETERY OR CREMATORY <u>Fort Lincoln Cemetery</u>	LOCATION (City, town, or county) <u>Belmar Manor, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>6-1-51</u>	REGISTRAR'S SIGNATURE <u>Amanda Dourney</u>	24. FUNERAL DIRECTOR <u>Nalley's Funeral Home 3200-R.I. Ave. Mt. Rainier, Md.</u>		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

RECEIVED
JUN 4 1961
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05121

Reg. Dist. No. *2/5*

1. PLACE OF DEATH COUNTY <i>Prince Georges</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>District of Columbia</i> COUNTY <i>Bia</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Takoma Park</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Washington</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>403 Elm Avenue</i>		STREET ADDRESS (If rural, give location) <i>3621 - S. St. N. W.</i>	
3. NAME OF DECEASED (First) (Middle) (Last) <i>Samuel Francis Tippet</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 5 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar. 3 1863</i>
9. AGE last birthday <i>88</i> yrs.		10. BIRTHPLACE (State or foreign country) <i>Herndon, Virginia</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardener</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S. A.</i>	
13. FATHER'S NAME <i>John W. TIPPETT</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Havenor</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY No. <i>579140251 A</i>	
17. INFORMANT AND ADDRESS <i>Mrs. Elva Meyer 3621 S. St. N.W., D.C.</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <i>Arteriosclerotic heart disease</i>		<i>Years</i>
Antecedent cause(s) (b) <i>Myocardial Insufficiency</i>		<i>17 days</i>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Arteriosclerosis generalized</i>		<i>Years</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>a. Chronic pyelo-nephritis b. Diverticulosis of bladder, multiple</i>		<i>10 years</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 4*, 1951, to *May 5*, 1951, that I last saw the deceased alive on *May 3*, 1951, and that death occurred at *2:30 A.* m., from the causes and on the date stated above.

SIGNATURE *William M. Mook M.D.* ADDRESS *Takoma Park 12 Md.* DATE SIGNED *May 5 1951*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <i>MAY 8 1951</i>	NAME OF CEMETERY OR CREMATORY <i>OAK Hill CEMETERY</i>	LOCATION (City, town, or county) (State) <i>WASHINGTON, D.C.</i>
DATE REC'D BY LOCAL REG. <i>May 9, 1951</i>	REGISTRAR'S SIGNATURE <i>James Servey</i>	24. FUNERAL DIRECTOR <i>JOSEPH GAWHER'S SONS</i>	ADDRESS <i>1756 PA. AVENUE N.W. WASH. D.C.</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

100105

RECEIVED

MAY 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05122

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Cherry</u> TOWN <u>Cherry</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges General Hosp</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Brentwood, Md.</u> TOWN <u>Brentwood, Md.</u> STREET ADDRESS (If rural give location) <u>3707-Bunker Hill Road</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Charles</u> <u>Bishop</u> <u>Torrence</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>2</u> <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 23, 1902</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Washington, D.C.</u>
13. FATHER'S NAME <u>Charles Bishop Torrence</u>		14. MOTHER'S MAIDEN NAME <u>Mary Garbrough</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT <u>Mother</u>

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.0 Immediate cause (a) Influenza Meningitis, Type B
 33b Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
 (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>May 3, 1951</u>	<u>Int. West County</u>	<u>Wash., D.C.</u>	

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5/3/51

Amanda Dourney

James T. Ryan Inc.

317 Pa. Ave. N.E. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

MAY 7 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05123

Reg. Dist. No. *245*

1. PLACE OF DEATH- COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Dist. of Columbia</i> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville, Md</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Washington, D.C.</i>	
TOWN <i>Washington</i>		TOWN <i>Washington, D.C.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>3024-Hamilton St.</i>		STREET ADDRESS <i>2755-4th St. N.E.</i>	
3. NAME OF DECEASED (Type or Print) <i>Angelo</i>		4. DATE OF DEATH (Month) <i>May</i> (Day) <i>31</i> (Year) <i>1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 4, 1902</i>
9. AGE last birthday <i>43</i> yrs.		10. BIRTHPLACE (State or foreign country) <i>Italy</i>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe maker</i>		11b. KIND OF BUSINESS OR INDUSTRY <i>Shoe business</i>	
12. CITIZEN OF WHAT COUNTRY? <i>Italy</i>		13. FATHER'S NAME <i>Ralph Broetta</i>	
14. MOTHER'S MAIDEN NAME <i>Marianna</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY No. <i>578-09-6057</i>		17. INFORMANT AND ADDRESS <i>Washington, D.C.</i> <i>Mary Mudd - Daughter</i>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <i>Cerebral Accident</i>	
Antecedent cause(s) (b) <i>Cerebral Hypertension</i>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>Essential Hypertension</i>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE <i>John D. Maloney, M.D.</i>		ADDRESS <i>Dep. Med. Exam. Chevy Chase - Hyattsville, Md.</i>		DATE SIGNED <i>5-31-51</i>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)	
<i>Burial</i>	<i>June 4, 1951</i>	<i>St. Lincoln Cemetery</i>	<i>Colmar Manor, Md.</i>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
<i>May 31</i>	<i>Amanda Horney</i>	<i>The S. H. Hynes Co.</i>	<i>2825 14th St. N.W. Wash. D.C.</i>		
<i>June 2</i>	<i>1951</i>	<i>James Sevey</i>	<i>2901-14th St. N.W. Wash. D.C.</i>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU OF

JUN 6 1961

RECEIVED

3001

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05124

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Prince Georges</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>College Park</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince Georges General</u>		STREET ADDRESS (If rural, give location) <u>8604 - 50th place</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Jessie</u>	(Middle) <u>W</u>	(Last) <u>Coman</u>
4. DATE OF DEATH	(Month) <u>May</u>	(Day) <u>5</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>21 July 1905</u>
9. AGE last birthday <u>45</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N. W.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>Ralph J. Meyer</u>	14. MOTHER'S MAIDEN NAME <u>Grace M. Shannon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY No. <u>10</u>	17. INFORMANT AND ADDRESS <u>Jessie Coman</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 49, 1949, to May 51, 1951, that I last saw the deceased alive on 4 May 51, and that death occurred at 12 45 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>5/8/51</u>	<u>St. Lincoln</u>	<u>College Park Md</u>	<u>MD</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/7/51</u>	<u>Amanda Downey</u>	<u>E. Buschi son</u>	<u>Hyattsville Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05125 *2260*

1. PLACE OF DEATH- COUNTY <i>Prince George</i> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>MD</i> COUNTY <i>Prince G.</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hyattsville</i>	
TOWN <i>Hyattsville</i>		TOWN <i>Hyattsville</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Leland Memorial</i>		STREET ADDRESS (If rural, give location) <i>5702 40th Ave Hyattsville MD</i>	
3. NAME OF DECEASED (First) <i>Nellie</i> (Middle) <i>Florine</i> (Last) <i>Warren</i>		4. DATE OF DEATH (Month) <i>3</i> (Day) <i>26</i> (Year) <i>1951</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W. White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>at home</i>	8. DATE OF BIRTH <i>Feb 23 1909</i>
9. AGE last birthday <i>42</i> yrs.		10. BIRTH PLACE (State or foreign country) <i>Virginia</i>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert Allen Paine</i>		14. MOTHER'S MAIDEN NAME <i>Laura Bell Woodrige</i>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY No. <i>no</i>	
17. INFORMANT AND ADDRESS <i>Hospital records</i>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Acute Intestinal hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Esophageal Varices

(c)

*Cirrhosis of liver**2 years*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐21. ACCIDENT (Specify)
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct*, 19*49*, to *May 26*, 19*51*, that I last saw the deceasedalive on *May 25*, 19*51*, and that death occurred at *2:30* p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*May 28 1951**Mrs. Jas. Severy**Funeral Home**Hyattsville*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05126

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Glenn Dale (RURAL)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium		STREET ADDRESS (If rural, give location) 1135 - H. St., N.W.	
3. NAME OF DECEASED (Type or Print) WILKIE B. WATSON		4. DATE OF DEATH (Month) (Day) (Year) May 9 1951	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 1, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer in Warehouse		10b. KIND OF BUSINESS OR INDUSTRY Bottling Co.	9. AGE last birthday 39 yrs.
11. BIRTHPLACE (State or foreign country) Rocky Mt., N. Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel Watson		14. MOTHER'S MAIDEN NAME Mattie Rich	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY No. 224-18-8343	
17. INFORMANT AND ADDRESS Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Periarteritis nodosa	3 wks.
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Pulmonary Tuberculosis	15 wks.
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1950, to 5/9, 1951, that I last saw the deceased alive on 5/9, 1951, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinciano M.D. ADDRESS Glenn Dale Sanatorium DATE SIGNED 5/9/51
Glenn Dale, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5/9/51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Washington DC.

DATE REC'D BY LOCAL REG. 5/9/51 REGISTRAR'S SIGNATURE [Signature] 24. FUNERAL DIRECTOR ADDRESS
Mrs. [Signature] 1820 9th St. NW
James Morris 970 4th St. Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 16 1951
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05127

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH - COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Pr. Geo.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesley, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colman Manor</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Prince George Gen. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>3412 - 39th Avenue -</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Ester</u> (Middle) <u>ANDERSON</u> (Last) <u>Wessberg</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>18</u> (Year) <u>51</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 27, 1881</u>
9. AGE last birthday <u>69</u> yrs.		10. AGE last birthday (If under 1 year) Months <u>1</u> Days <u>18</u> Hours <u>51</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>SWEDEN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>LARS ERIC ANDERSON</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>Chas. B. Wessberg - 3412 - 39th Ave.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Intracranial Hemorrhage (right internal capsule)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease

(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE	INJURY			
HOMICIDE				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at <input type="checkbox"/> Not While at <input type="checkbox"/>	HOW DID INJURY OCCUR?		
OF INJURY	m. Work <input type="checkbox"/> At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from June, 1949, to May 18, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 10:30 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. DATE OF CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>May 23/1951</u>	<u>MAY 23/1951</u>	<u>FORT LINCOLN CEMETERY</u>	<u>COLMAN MANOR A. Geo. Md</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>5/22</u>	<u>Amanda Downey</u>	<u>W.W. Carrothers Co - Riverdale, Md</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 24 1961
U.S. AIR FORCE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

05128

1. PLACE OF DEATH- COUNTY <u>Prince George</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Prince Geo</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Naylor's Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Naylor's</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Naylor's road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Sophie</u>	(Middle) <u>C</u>	(Last) <u>Windsor</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 21, 1904</u>
9. AGE last birthday <u>46</u> yrs.		10. DATE OF DEATH <u>May 17</u> 19 <u>51</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Burn home</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>John R. Peacock</u>	
14. MOTHER'S MAIDEN NAME <u>Freida Kirpen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS <u>John R. Windsor--Naylor's</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH

1 yr

Antecedent cause(s)

(b) Hypertensive C.V.R. disease10 yrs(c) Obesity

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to May 17, 1951, that I last saw the deceasedalive on 16 May, 1951, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 22 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05129

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's	
CITY (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro		CITY (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro, Md	
TOWN none		TOWN none	
HOSPITAL OR INSTITUTION OR STREET ADDRESS none		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) Sarah	(First)	(Middle)	(Last) Young
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1-4-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY same	9. AGE last birthday 66 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME Phillip Thomas		14. MOTHER'S MAIDEN NAME Minnie Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Maggie Diggs			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

2 wks

Antecedent cause(s)

Cirrhosis of Liver

1 year

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Arteriosclerosis

10 years

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify) none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

none

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1951, to May 28, 1951, that I last saw the deceased

alive on May 28, 1951, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 30, 51

Carrie J. Campbell

Myrtle R. Collins 4339 Huntplace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05130
Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY <u>Prince Georges</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>D. C.</u> COUNTY <u>-</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Glenn Dale (rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Washington</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glenn Dale Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>39 H. St., N. W.</u>	
3. NAME OF DECEASED (First) <u>WILLIE</u> (Middle) <u>MAE</u> (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>22</u> (Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5/23/1920</u>
9. AGE last birthday <u>30</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>?</u>	11. BIRTHPLACE (State or foreign country) <u>Tampa, Fla.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Norman Young</u>	
14. MOTHER'S MAIDEN NAME <u>Bessie Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>-</u>	
16. SOCIAL SECURITY No. <u>518-30-7279</u>		17. INFORMANT AND ADDRESS <u>Decedent</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

2 yrs 6 mos

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5/22, 1951, to 5/22, 1951, that I last saw the deceased alive on 5/22, 1951, and that death occurred at 3:35 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>V</u>	DATE THEREOF <u>5/23/51</u>	NAME OF CEMETERY OR CREMATORY <u>Glenn Dale Sanatorium</u>	LOCATION (City, town, or county) <u>Glenn Dale, Maryland</u>	(State) <u>Maryland</u>
DATE REC'D BY LOCAL REG. <u>5/23/51</u>	REGISTRAR'S SIGNATURE <u>W. W. W.</u>	24. FUNERAL DIRECTOR <u>Adolphus Halstead</u>	ADDRESS <u>720 826 918 5th Ave</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 31 1951
BUREAU V. S.